



Princeton Alliance Church - Crossroads Student Ministries
P.O. Box 9000, Plainsboro, New Jersey 08536 - 609.799.9000
Medical Permission and Release Form

Please take a moment and complete all information correctly, i.e. check spelling of names, area codes for telephone numbers, addresses, emails, etc.

Student's Name _____ Date Completed _____
 Age _____ Birth Date _____ Grade Complete in June _____ Sex (circle) Male Female
 Address _____ City _____ Zip _____
 Home Phone _____ Student Cell _____
 Parent Email _____ Student Email _____
 School Child Attending _____
 Father _____ Work Phone _____ Cell _____
 Mother _____ Work Phone _____ Cell _____
 In the case of an emergency and a parent cannot be reached, please contact:
 Name _____ Phone _____ Relation _____

Required Emergency Medical Information
 Family Physician _____ Office Phone _____
 Family Dentist _____ Office Phone _____
 Health Insurance ___Yes ___No Policy Number _____
 Primary Insured _____ Name of Insurance Company _____
Please attach a copy of the FRONT and BACK of your insurance card to be turned in with this form.

If your child is not in public or private schools, please provide the following:
 List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____
 Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:
 Medicine _____ Prescribed Dosage _____ Time _____
 Medicine _____ Prescribed Dosage _____ Time _____
 Medicine _____ Prescribed Dosage _____ Time _____
 Allergies: _____
 Other Important Medical Information : _____

Please initial one:
 I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

Please See Other Side

